PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Castor for Congress 301 W Platt Street, #385 ADDRESS (number and street) (Check if address is changed) Tampa 33606 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lara@castorforcongress.com (Check if address is changed) Optional Second E-Mail Address amy@adiamondcpa.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.castorforcongress.com (Check if address is changed) DATE 2019 C00410761 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Diamond, Amy, , , Type or Print Name of Treasurer Diamond, Amy, , , [Electronically Filed] 02 15 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	e the candidate
Name of Castor, Kathy, , ,	
Candidate Office	State
Party Affiliation DEM Sought: X House Senate President	District 14
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(National, State	mocratic, publican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock La	abor Organization
Membership Organization Trade Association Co	poperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrection committee. (i.e., nonconnected committee)	gated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number C	
3. FEC ID number	
4.	

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		
Castor for Cor	ngress	
	1 Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person in p	possession of committee
	z-Cartgena, Charles, , ,	
Full Name	301 W Platt St, #385	
Mailing Address		
	Tampa FL 33606	; ; –
Title or Position	CITY STATE	ZIP CODE
Political & Fin Dir		454 - 9080
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	name and address of
Full Name Diamond of Treasurer	d, Amy, , ,	
Mailing Address	13799 Park Blvd #195	
	Seminole FL 33776	ZIP CODE
Title or Position Treasurer		828 9554

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Russell, Gayla, , ,	
Mailing Address	P.O. Box 2428	
	Brandon FL 33	2509 ZIP CODE
Title or Position Assistant Treas	urer 813 Telephone number	_ 417 _ 5094
. Banks or Other safety deposit bo Name of Bank, [Depositories: List all banks or other depositories in which the committee deposits funds exes or maintains funds. Depository, etc. The Bank of Tampa	, holds accounts, rents
Mailing Address	P.O. Box One	
	Tampa FL 33	
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

(h). Joint Fundraisir	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			_
	y by name, address (phone number – optiona))	
esignated Agent: Identify Full Name	y by name, address (phone number – optiona)	
Full Name	y by name, address (phone number – optiona		
Full Name	y by name, address (phone number – optiona		
Full Name L L L L L L L L L L L L L L L L L L L	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail and the same of Bank, The Bank, The Banks of Ba	CITY A	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail and the same of Bank, The Bank, The Banks of Ba	CITY A ries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY ▲ ries: List all banks or other depositories in whaintains funds. ank of Tampa	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY ▲ ries: List all banks or other depositories in whaintains funds. ank of Tampa	STATE A Telephone Number	